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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G98373** **(5)**

1. Corporation Name

M & W AGENTS, INC.

Principal Place of Business

% TESCHER, CHAVES & HOCHMAN, PA
9100 S DADELAND BLVD PH-I
MIAMI FL 33156

Mailing Address

% TESCHER, CHAVES & HOCHMAN, PA
9100 S DADELAND BLVD PH-I
MIAMI FL 33156

3. Date Incorporated or Qualified: 04/23/1984

3a. Date of Last Report: 03/14/1995

2. Principal Place of Business
21 % Tescher Chaves, et.al.
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 c/o Tescher Chaves, et.al.
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2294770 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. **Name and Address of Current Registered Agent**

TESCHER, DONALD
% TESCHER, CHAVES & HOCHMAN, PA
9100 S DADELAND BLVD PH-I
MIAMI FL 33156

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) c/o Tescher Chaves, et.al.
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required where no filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	TESCHER, DONALD R.	
STREET ADDRESS	9100 S DADELAND BVD PH-I	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	[X] DELETE
NAME	HOCHMAN, DEBORAH PLAKS	
STREET ADDRESS	9100 S DADELAND BVD PH-I	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	[ ] DELETE
NAME	CHAVES, ROBERT A.	
STREET ADDRESS	9100 S DADELAND BVD PH-I	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	[ ] DELETE
NAME	RUBIN, CHARLES D.	
STREET ADDRESS	9100 S. DADELAND BLVD., PH 1	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	[ ] DELETE
NAME	MULLER, CHARLES E	
STREET ADDRESS	9100 S. DADELAND BLVD., PH-1	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DVP	[ ] Change [X] Addition
6.2 NAME	FORMAN, PETER J.	
6.3 STREET ADDRESS	2101 Corporate Blvd., Suite 216	
6.4 CITY-ST-ZIP	Boca Raton, FL 33431	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald R. Tescher, President 4/1/96 (305) 670-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)